PETITION FOR UNIT CLARIFICATION OR MERGER

(File original and 1 copy with the Maine Labor Relations Board, 90 State House Station, Augusta, Maine 04333-0090.)

	Purpose of Petition (check applicable box)	
	□ Unit Merger	
	☐ Unit Clarification (UC)	
	Petitioner (incumbent bargaining agent or employer, only) Name	Petitioner's Representative for correspondence (if different) Name
	Address	Address
	Phone	Phone
	E-Mail (if available)	E-Mail (if available)
	Responding Party Name Address	
	PhoneE-Mail (if available)	
1.	Describe the existing or proposed collective bargaining unit;	set forth the classifications of employees comprising the unit; and position in an included classification is to be excluded from the unit exclusion. Continue on separate sheet if needed.
2.	Provide the name, address and telephone number of any othe claiming to represent any of the employees in the unit to be c	er employees or employee organizations other than the petitioner clarified.
3.	State what action or remedy the petitioner is seeking from the	e Board.

4.		(Check off for UC petition only) The parties are unable to agree on appropriate modifications, there is no question concerning representation, and the circumstances surrounding the formation of the existing bargaining unit have changed sufficiently to warrant modification in the composition of the bargaining unit. State what changes have occurred since the formation of the bargaining unit, the date(s) of their occurrence and the modification(s) that the petitioner proposes. Continue on separate sheet if needed.	
5.		te the expiration date of any collective bargaining agreement covering employees in the existing or proposed bargaining unit attach a copy.	
6.	State any other facts relevant to this Petition.		
Sig	gned	by: Date Signed:	
Tit	le: _		
ST	ATE	OF MAINE	
Peı	rsona	lly appeared before me, the undersigned authority at law, the aforenamed petitioner	
in l	his/h	er capacity as, who, under the penalty of perjury, made oath	
tha	t the	foregoing Petition is true and correct to the best of his/her information and belief.	
		Notary Public	